

General

Title

Cancer - information and care planning: percentage of patients with advanced cancer who are admitted to the ICU and survive 48 hours for whom the patient's preferences for care or an attempt to identify them was documented in the medical record within 48 hours of ICU admission.

Source(s)

Dy SM, Lorenz KA, O'Neill SM, Asch SM, Walling AM, Tisnado D, Antonio AL, Malin JL. Cancer Quality-ASSIST supportive oncology quality indicator set: feasibility, reliability, and validity testing. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2010 Apr. 13 p. (Effective Health Care Program research report; no. 24).

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with advanced cancer who are admitted to the intensive care unit (ICU) and survive 48 hours for whom the patient's preferences for care or an attempt to identify them was documented in the medical record within 48 hours of ICU admission.

Rationale

Although great strides have been made in cancer treatment, over one-third of patients with advanced stage cancer will die within 6 months of diagnosis. While much of the oncology literature focuses on the prevention and early, potentially curative treatment of malignancies, palliation of the symptoms of metastatic cancer and its treatment and end of life care are essential for half of the people diagnosed with cancer.

Because symptoms are common and high impact, better symptom management offers a critical opportunity to relieve the burden of living with cancer. Systematic reviews identify pain, fatigue, anorexia, and breathlessness among the most common symptoms. Pooled estimates for the prevalence of symptoms in patients with advanced cancer range from 74% for fatigue to 11% for rash and for diarrhea (pain 71%, anorexia 53%, depression 39%, constipation 37%, insomnia 36%, dyspnea 35%, nausea 31%, cognitive symptoms 28%, oral symptoms 20%, vomiting 20%). Pain remains strikingly common and may affect more than a third of patients with earlier stage disease and more than two-thirds of patients with advanced cancer. The Institute of Medicine targeted improving cancer pain as a national priority.

Good supportive care encompasses four important areas: (1) treatment of cancer-related symptoms (2) prevention and treatment of the side-effects associated with cancer treatment, (3) recognition of and support for patients' experiencing psychosocial distress and (4) end of life care.

The Cancer Quality-ASSIST (Assessing Symptoms Side Effects and Indicators of Supportive Treatment) indicator set was developed to provide tools to assess the extent to which cancer care addresses the symptomatic and informational needs of patients and families.

Evidence for Rationale

Agency for Healthcare Research and Quality (AHRQ). Management of cancer symptoms: pain, depression, and fatigue: summary. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002 Jul. 6 p. (Evidence report/technology assessment; no. 61).

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Solano JP, Gomes B, Higginson IJ. A comparison of symptom prevalence in far advanced cancer, AIDS, heart disease, chronic obstructive pulmonary disease and renal disease. J Pain Symptom Manage. 2006 Jan;31(1):58-69. [PubMed](#)

Teunissen SC, Wesker W, Kruitwagen C, de Haes HC, Voest EE, de Graeff A. Symptom prevalence in patients with incurable cancer: a systematic review. J Pain Symptom Manage. 2007 Jul;34(1):94-104. [57 references] [PubMed](#)

Primary Health Components

Advanced cancer; supportive cancer care; intensive care unit (ICU); patient preferences for care

Denominator Description

Number of patients with advanced cancer who are admitted to the intensive care unit (ICU) and survive 48 hours

Numerator Description

Number of patients with advanced cancer who are admitted to the intensive care unit (ICU) and survive 48 hours for whom the patient's preferences for care or an attempt to identify them was documented in the medical record within 48 hours of ICU admission

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

A team of researchers developed an initial potential set of indicators based on a systematic review of clinical trials, guidelines, and quality indicators. An expert panel evaluated the validity and feasibility of potential quality indicators using a formal rating and consensus process, and thereby guided the selection of final indicators. Of 133 proposed quality indicators, a total of 92 (69%) were judged valid and feasible by the panel. In a pilot study of the 92 medical record-based Cancer Quality-ASSIST (Assessing Symptoms Side Effects and Indicators of Supportive Treatment) supportive oncology quality indicators, following development and implementation of an abstraction tool, use of trained abstractors, and analysis of quantitative and qualitative abstraction results, including interrater reliability, 41 met strict criteria for feasibility, reliability and validity for advanced cancer across two clinical settings. These indicators represent all domains of the original ASSIST set except mucositis, insomnia, and fever/neutropenia. Overall kappa for the included set of indicators was 0.87 for eligibility and 0.86 for specified care.

Evidence for Extent of Measure Testing

Dy SM, Lorenz KA, O'Neill SM, Asch SM, Walling AM, Tisnado D, Antonio AL, Malin JL. Cancer Quality-ASSIST supportive oncology quality indicator set: feasibility, reliability, and validity testing. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2010 Apr. 13 p. (Effective Health Care Program research report; no. 24).

Lorenz KA, Dy SM, Naeim A, Walling AM, Sanati H, Smith P, Shanman R, Roth CP, Asch SM. Quality measures for supportive cancer care: the Cancer Quality-ASSIST Project. J Pain Symptom Manage. 2009

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Adults

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients with advanced cancer who are admitted to the intensive care unit (ICU) and survive 48 hours

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients with advanced cancer who are admitted to the intensive care unit (ICU) and survive 48 hours for whom the patient's preferences for care or an attempt to identify them was documented in the medical record within 48 hours of ICU admission

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

If a patient with advanced cancer is admitted to the ICU and survives 48 hours, then within 48 hours of ICU admission, the medical record should document the patient's preferences for care or attempt to identify them.

Measure Collection Name

Cancer Quality-ASSIST Project Quality Indicators

Measure Set Name

Information and Care Planning

Submitter

RAND Corporation - Nonprofit Research Organization

Developer

RAND Corporation - Nonprofit Research Organization

Funding Source(s)

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Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

None of the authors has a financial interest in any of the products discussed in this report.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2010 Apr

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in February 2017.

Measure Availability

Source available from the [Agency for Healthcare Research and Quality \(AHRQ\) Effective Health Care Program Web site](#) .

For more information, contact Karl Lorenz, MD, MSHS, at the VA Greater Los Angeles Healthcare System, 11301 Wilshire Boulevard, Code 111-G, Los Angeles, CA 90073. E-mail: karl.lorenz@med.va.gov.

NQMC Status

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This NQMC summary was retrofitted into the new template on July 6, 2011.

The information was reaffirmed by the measure developer on February 13, 2017.

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Production

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